U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2509	45	2. Fiscal Year Covered From:		
		1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing	ng.	4. Name, file number, and address of labor organization.		
Name Rolando	R Figueroa	Name COMMUNICATIONS WORKERS OF AMERICA		
		Labor Organization File Number 000-188		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 5392 S. Brush Ber	The inches	Street 501 THIRD STREET, NW		
DJJZ G. Brush Ber	ily bille	STREET, NW		
City Tucson	the state of the s	City WASHINGTON		
State Arizona	ZIP Code + 4 85746	State District of Columbia ZIP Code +4 20001-2797		
5. Position in labor organization.	WA District Organizing Coo	many transformation and a supersystem of the supers		
A. Held an interest in, engaged in	(except as specified in the extensions (including loans) with	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of action represents or is actively seeking to represent		
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Name of Person Filing Rolando Figueroa		File Number U-
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or	s
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	•
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under	12.b. Amount.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or other thing of value. 14.a. Nature of payment.	
Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	